

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10176</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Paul</u> <u>Shymske</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1622 Eisenhower</u> City <u>Brunswick</u> State <u>Ohio</u> ZIP Code + 4 <u>44212</u>	4. Name, file number, and address of labor organization. Name <u>Bricklayers AFL-CIO Local 5</u> Labor Organization File Number <u>019-042</u> P.O. Box, Building and Room Number, if any _____ Street <u>4205 Chester Avenue</u> City <u>Cleveland</u> State <u>Ohio</u> ZIP Code + 4 <u>44103</u>
5. Position in labor organization. <u>Vice-President Local 5</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Paul Shymske

On

08/09/2005

Date

216-361-1652

Telephone Number

Name of Person Filing <b>Paul Shymske</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Bricklayers AFL-CIO Local 5</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>4205 Chester Avenue</b></p> <p>City <b>Cleveland</b></p> <p>State <b>Ohio</b> ZIP Code + 4 <b>44103</b></p>	<p>9. Business deals with:</p> <p style="padding-left: 20px;">a. Labor Organization</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="padding-left: 20px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Bricklayers Joint Apprentice Committee Fund</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>4205 Chester Avenue</b></p> <p>City <b>Cleveland</b></p> <p>State <b>Ohio</b> ZIP Code + 4 <b>44103</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>For education and training of apprentice Bricklayers Annual year end Board and Trustee members dinner meeting</b></p>
	<p>11.b. Approximate dollar value of such dealing. <b>\$75.00</b></p>
	<p>12.a. Nature of interest held or income received.</p>     <p>12.b. Amount.</p>

<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b></p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>     
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

US DEPT OF LABOR  
EMPLOYMENT STANDARDS  
OFFICE OF LABOR-MANAGEMENT  
200 CONSTITUTION AV NW  
ROOM 5611  
WASHINGTON DC 20210

4a. Article Number

8751  
2000 0500 0028 5777

4b. Service Type

☐ Registered

☐ Insured

☒ Certified

☐ COD

☐ Express Mail

☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

2000142115

Thank you for using Return Receipt Service.